

**THIS VACANCY ANNOUNCEMENT IS BEING ISSUED UNDER THE FOLLOWING:**  
**■ MERIT PROMOTION ■ EXCEPTED SERVICE EXAMINING □ OPM DELEGATED EXAMINING**



**APPLICATIONS MUST BE SUBMITTED TO:**  
**BILLINGS AREA INDIAN HEALTH SERVICE**  
 DIVISION OF HUMAN RESOURCES  
 P.O. BOX 36600 - 2900 FOURTH AVENUE, NORTH  
 BILLINGS, MONTANA 59107



**FAX #: (406) 247-7251**

**NOTE: It is the Applicant's responsibility to ensure they have submitted a complete application.**

**Please refer to the "How to Apply" page for details.**

**Various positions can be filled under this vacancy announcement at the GS-4, or GS-5, or GS-6 level.**

<b>POSITION:</b>	Contract Health Assistant GS-303-4/5/6	<b>LOCATION:</b>	Contract Health Service Flathead Service Unit St. Ignatius, Montana
<b>SALARY:</b>	GS-4: \$24,641-\$32,031; GS-5: \$27,569-\$35,844; GS-6: \$30,731-\$39,951 Per Annum		

<b>ANNOUNCEMENT NUMBER:</b>	<b>FH-05-096</b>	<b>OPEN DATE:</b>	<b>09/23/2005</b>	<b>CLOSING DATE:</b>	<b>OPEN UNTIL FILLED. 1<sup>st</sup> roster can be issued after 09/29/2005</b>
-----------------------------	------------------	-------------------	-------------------	----------------------	--

<b>Position Status</b> <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary NTE <input type="checkbox"/> Term APPT NTE	<b>Work Schedule</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Intermittent <input type="checkbox"/> Part-time <input type="checkbox"/> Subject to Rotating Shifts <input type="checkbox"/> On-Call <input type="checkbox"/> Stand-By	<b>Promotion Potential</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To Grade: _____	<b>Area of Consideration Under: MPP 7-2.4C(4)</b> Commuting Area <input type="checkbox"/> IHS Area <input type="checkbox"/> Government-Wide
<b>Supervisory or Managerial</b> <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *May require one year probationary period	<b>Government Housing May be available</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Travel</b> <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Occasional <input type="checkbox"/> No Traveling	<b>Relocation</b> <input type="checkbox"/> Travel and transportation expenses will be paid Travel and relocation expenses will not be paid

**WHO MAY APPLY**

**Merit Promotion Plan (MPP):** Competitive Status employees, current permanent IHS employees or Reinstatement eligibles.

**■ Excepted Service Examining Plan (ESEP):** Individuals enrolled in a Federally Recognized Tribe. **NOTE:** If you are a current permanent IHS employee with Indian Preference you may be considered under the MPP and ESEP, if you indicate on your application your request to be considered under both plans. If candidate being referred is a current permanent Federal employee in the Competitive Service and is selected under this category, the selectee will be converted to an Excepted Service Appointment and required to sign a statement indicating that they voluntarily requested their application be considered under the ESEP and will be required to serve 3 years under the Excepted appointment in order to be converted to a competitive appointment and will be giving up any appeal rights under 5 CFR 432 and 752. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan.

**■ PHS Commissioned Officers:** PHS Commissioned Officers may indicate their interest in being considered by submitting a resume' or curriculum vitae. It is the responsibility of the officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether the officer meets the qualification requirements.

☐ **Delegated Examining Authority:** Any U.S. Citizen **NOTE:** if you're a current Competitive status employee you may indicate on your application your request to be considered under DEA and Merit Promotion or **BOTH**.

**APPLICATIONS AND RELATED DOCUMENTS MAY BE FAXED IN AND ALL APPLICATIONS MUST BE RECEIVED AT THE ABOVE ADDRESS/FAX NUMBER BY 4:30P.M. BEFORE OR ON THE CLOSING DATE OF THIS VACANCY ANNOUNCEMENT. THERE WILL BE NO EXCEPTIONS TO THIS RULE.**

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 U.S.CODE, SECTION 472 AND 473), PREFERENCE FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

If this is being announced for the Commuting Area relocation expenses will not be paid. Employees who wish to relocate to the Billings Area for their own benefit may apply. If there are no Indian preference eligible candidates within the commuting area and an Indian preference candidate is selected from outside the commuting area, relocation costs will be paid.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS BY THE CLOSING DATE OF THE VACANCY ANNOUNCEMENT.

**THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED:** Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. DEFINITION OF WELL-QUALIFIED, AS DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE: Rating out at meeting at least a 3 or 4 on the majority

of the KSA's for the position being filled. **EXAMPLE:** If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered WELL QUALIFIED. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

#### CONDITIONS OF EMPLOYMENT:

- A. Selectee will be required to sign an OF-306, Declaration for Federal Employment form certifying to the accuracy and truthfulness of the information provided in their application.
- B. Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check) at the time of appointment.
- C. Male applicants born after December 31, 1959, will be required to complete the certification documentation to confirm their Selective Service registration status.
- D. The U.S. Department of Justice Immigration and Naturalization Service by act of Congress requires that all individuals appointed to a position MUST present proof of employment eligibility by completing Verification of Employment Eligibility Form (INS I-9) at time of appointment.
- E. If selected, immunization for such illness as found necessary by the Billings Area. Individuals may also be required to be tested for tuberculosis.

**DUTIES AND RESPONSIBILITIES:** Assists in determining patient eligibility, scope and priority for the Contract Health Service (CHS) Program. Responds to CHS inquiries and requests for CHS assistance. Responsible for implementation of decision made for the provision or denial of services. Assures adequate funds are set aside for all authorized referrals, emergency call-ins and follow-up care referrals. Maintains the Service Unit Commitment Register for CHS Funds. Compiles reports of statistical and fiscal data. Responsible for CHS Fund Control, updates pending and completed CHS patient files, with documented status of all written and verbal transactions. Maintains and updates pending and completed CHS patient files. Performs periodic spot reviews and audits of completed authorization forms and other documents. Serves as alternate representative of Service Unit Director at tribal meetings, with hospitals, and physicians, etc. for the purpose of creating and maintaining an understanding of the CHS program. Responsible for key entering and verifying all CHS authorizations, payments, cancellations, and supplements.

**QUALIFICATION REQUIREMENTS:** Except for the substitution of education as provided in the Operating Manual Qualification Standards for General Schedule Positions, applicants must have had the following type of experience, in the amounts indicated.

#### EXPERIENCE AND EDUCATION REQUIREMENTS:

GRADE	EXPERIENCE		OR	EDUCATION
	GENERAL	SPECIALIZED		
GS-4	1 year	None		2 years above high school
GS-5	None	1 year equivalent to at least GS-4	OR	4 years above high school
GS-6	None	1 year equivalent to at least GS-5	OR	Generally, not applicable

**Specialized Experience:** Experience that equipped the applicant with the particular knowledge, skills, and abilities (KSA's) to perform successfully the duties of the position, and that is typically in or related to the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level. Applicants who have the 1 year of appropriate specialized experience, as indicated in the table, are not required by this standard to have general experience, education above the high school level, or any additional specialized experience to meet the minimum qualification requirements.

**RANKING FACTORS:** Applicants who meet the qualification requirements described above will be further evaluated to determine the extent to which their education, work related experience, training, awards, professional recognition and supervisory appraisals indicate they possess or have the potential to acquire knowledge, skills, abilities, and personal characteristics, (KSAP's) required to perform the duties and responsibilities described above. Applicants are encouraged to address the following KSAP's on a separate sheet attached to their application.

#### KSAP'S SUPPLEMENTAL QUESTIONNAIRE

1. Knowledge of CHS rules and regulations.
2. Knowledge of Indian descendency and residency as it relates to CHS eligibility criteria.
3. Knowledge of Medical Terminology.

The above KSAP's will be the basis for determining which applicants are best qualified.

Additional/alternate selection may be made within 90 days of the date the selection certificate was issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

FOR INFORMATION CONTACT Bernice Hugs AT (406) 247-7216. ALL APPLICATIONS ARE SUBJECT TO RETENTION, NO REQUESTS FOR COPIES WILL BE HONORED.

THIS IS AN AEP TARGETED POSITION: YES ☐ NO ☒

THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT®

  
HUMAN RESOURCES OFFICER

9/23/05  
DATE

 9/23/05  
PROGRAM MANAGER DATE

## HOW TO APPLY

**NOTE: It is the Applicant's responsibility to ensure they have submitted a complete application.**

Choose one of the following forms to apply for this job.

Please submit one application or resume for each job you are applying for.

Optional Application for Federal Employment (OF-612)	Application for Federal Employment (SF-171)	Resume or Other written application
--	---	-------------------------------------

All applicants must ensure the application you submit contains the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.

Your resume or other application format **MUST** contain the following information:

- ❖ **QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990** must be submitted by **ALL** applicants. A **YES** to any of the questions may remove you from competition.
- ❖ **JOB INFORMATION**
  - Announcement number and lowest grade you wish to be considered for.
  - To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.
- ❖ **PERSONAL INFORMATION**
  - Full name, mailing address (with zip codes), day and evening telephone numbers.
  - Social Security Number
  - Country of citizenship
  - ***Do any of your relatives work for the Agency or Government organization to which you are submitting your application? If so, please list name, relationship, location.***
- ❖ **EDUCATION**
  - **Official Transcripts must be submitted**
- ❖ **WORK EXPERIENCE** - Give the following for your paid and non-paid work experience related to the job for which you are applying:
  - Job title
  - Duties
  - Employer/Supervisor's name, address and/or telephone number
  - Starting and ending dates of employment must include - month and year
  - ***Average hours worked per week***
  - Indicate if we may contact your current supervisor
- ❖ **OTHER QUALIFICATIONS**
  - Job related training courses (title and year)
  - Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
  - Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)
  - Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards

Submit the following documents along with your chosen application format if you are in **any** of the following categories:

COMMISSIONED OFFICER	INDIAN PREFERENCE Excepted Service Examining Plan	VETERAN PREFERENCE	FEDERAL EMPLOYEE Merit Promotion Plan (Current, Former, or Displaced Employees)	DELEGATED EXAMINING (Outside of the Federal Government)
Current Billet description (if available)  Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).	Verification of Indian Preference for Employment – <b>must submit (BIA Form 4432)</b>  Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder.  <b>Current or former federal employee must submit most recent FINAL performance appraisal rating.</b>	DD-214 Form (Honorable Discharge)  Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15)  <b>Must be submitted to receive preference.</b>	<b><i>Current Federal Employees or Reinstatement Eligible Individuals</i></b> must submit Notification of Personnel Action SF50-B, which shows #24 <b>Tenure</b> and #34 <b>Position Occupied</b> .  <b><i>Current Permanent Employees and Reinstatement Eligible Individuals</i></b> must submit <b>most recent FINAL performance appraisal rating</b> .  If No Performance Appraisal is available, applicants must provide written justification for its absence.	<b><i>Current Federal Employees or Reinstatement Eligible Individuals</i></b> must write on their application that they wish to be considered under Delegated Examining.  If this statement is not on the application and an SF-50 is received, the applicant will be considered under the Merit Promotion Plan.

# REQUIRED APPLICATION QUESTIONNAIRE FOR CHILD CARE POSITIONS

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

**Contract Health Assistant**

**FH-05-096**

JOB TITLE IN ANNOUNCEMENT

ANNOUNCEMENT NUMBER

CITIZENSHIP:

Are you a U.S. Citizen? YES ☐ NO ☐ If no, give the country of your citizenship.

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge

Section 408 of the Miscellaneous Indian Legislation, Public 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

**PERSONS APPOINTED TO POSITIONS WITH THE INDIAN HEALTH SERVICE CONSIDERED TO HAVE REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN SHALL NOT HAVE BEEN FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE OR GUILTY TO, ANY FELONIOUS OFFENSE, OR ANY OF TWO OR MORE MISDEMEANOR OFFENSES UNDER FEDERAL, STATE, OR TRIBAL LAW INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; OR CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN. RESPONDING "YES" TO EITHER OF THE FOLLOWING QUESTIONS, OR FAILURE TO PROVIDE COMPLETE INFORMATION MAY CONSTITUTE REASON TO CONSIDER YOU INELIGIBLE FOR THE POSITION IDENTIFIED ABOVE.**

Have you ever been arrested for or charged with a crime involving a child? [If "YES" YES NO  
provide the information requested below]

☐ ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (this includes military service), State (this includes municipalities), or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? [If "YES" YES NO  
provide the information requested below].

☐ ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$10,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date